

FACTORS INFLUENCING THE ADOPTION OF OCCUPATIONAL HEALTH AND SAFETY PRACTICES IN SECURITY COMPANIES IN KENYA

(A case study of G4S Kenya Limited – Head Office)

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**A RESEARCH PROJECT SUBMITTED TO THE SCHOOL OF MANAGEMENT AND
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2-Mar-18

DECLARATION

This research project is my original work and has not been presented for a degree in any University. No part of this research should be reproduced without my consent or that of Management University of Africa.

FAITH W THIONG'O

Signature

Date

Declaration by the supervisor

This project has been submitted for examination with my approval as University Supervisor

Juster Nyaga

Signature.....

Date

DEDICATION

This work is dedicated to my friends and family for their moral support and encouragement in the course of my study. May God bless you.

ACKNOWLEDGEMENT

I have been extremely fortunate in having the help of many people during the process of doing this project. I want to begin by thanking the Almighty God for giving me the strength throughout the preparation and presentation of this project.

My family has really been of great support during this project writing especially my two children Tevin and Natasha who understood when I did not have time to spend with them as I had to run around and conduct my researches.

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ABSTRACT

Employees are the most important asset in an organization. Their health and safety is therefore paramount if the employee is to perform his/ her duties at optimal level. Legal responsibility is therefore placed upon the employer to ensure employees safety and health at the workplace. Employees also have the right and responsibility to ensure their own safety and health and that of their colleagues at their workplace. The importance of occupational health and safety (OHS) is to ensure workers health and wellbeing is maintained at the workplace is important. The study set to analyze the factors that influence the adoption of occupational health and safety practices in security companies in Kenya. The objectives were to: establish the role of OHS policy, determine the influence of leadership on OHS, examine the culture of OHS and establish the effect of training on training on OHS at the G4S Kenya Limited. The study was guide by Social Cognitive Theory. The study used descriptive research design. The sample size for the study was 200 with a response rate of 89%. Questionnaires were used to collect data. The study found that G4S has a policy on OHS that was relevant but was not well communicated to the employees and was not well implemented; the management of G4S closely monitored employees work, there was a channel for reporting safety issues and that the management adhered to safety standards; the employees had received training that was comprehensive but still were unable to handle emergency issues at their workplace; the management and employees of G4S had a good culture towards occupational health and safety though more was expected. The study recommends continuous revision of OHS policy to conform to current standards and practices; collaboration between the management and employees on their safety and wellbeing; relevant and adequate training of all employees on occupational health and safety practices.

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Acronyms and abbreviations

ILO – International Labor Organization

OH - Occupational Health

OHS - Occupational Health and Safety

OSH - Occupational Health and Safety

SPSS - Statistical Package for the Social Sciences

WHO – World Health Organization

WHS - Workplace Health and Safety

Definition of terms

Assessment: Refers to deciding and fixing the value or quality of something.

Hazard: A written guide or plan of action for use by management and supervisors in order that they reach the organizations' objectives following set broad patterns of behavior.

Health: A position of total and deliberate mental, physical & social wellbeing free from disease.

Risk: A hardazous opportunity of whatever size.

Safety: Refers to the quality or state of being free from danger.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents a review of the background information to the study on adoption of occupational safety and health practices at the G4S Kenya Limited. The statement of the problem is included, the study objectives, research questions are formulated, scope and limitations of the study.

1.1 Background to the study

Employees are the most important asset in an organization. The health and safety of an employee is therefore paramount if the employee is to perform his/ her duties at optimal level. Legal responsibility is therefore placed upon the employer to ensure employees safety and health at the workplace. Employees also have the right and responsibility to ensure their own safety and health and that of their colleagues at their workplace. According to WHO (2005), it is important for a working person to maintain a level of safety and wellbeing at work for purposes of organizational productivity and a sustained development and socioeconomic being.

The importance of occupational health and safety (OHS) is to ensure workers health and wellbeing is maintained at the workplace which is important. Occupational health and safety is an area that mainly deals with the health, safety and wellbeing of employees (Makhamara & Simiyu, 2016). Occupational health and safety (OSH) is also commonly known as occupational health and safety (OHS) or occupational health (OH) or workplace health and safety (WHS). Its main goal is to foster a safe and health working environment. Occupational health and safety also seeks to protect family members, customers, management and others who interact with the organization and might be affected by the environment of the workplace.

Occupational health and safety can be traced in the 19th century during the industrial revolution. During this period, workers had genuine concern for their safety as they experienced injuries and serious threats to their lives and livelihoods (Cowie, 2013). The labor movements at the time brought forward occupational and safety issues and in response gave birth to occupational health

and safety at the workplace. According to Cowie (2013), many European countries then followed by establishing institutions to oversee occupational health and safety in different work places: United Kingdom in 1983, United States of America in 1980, and Germany in 1883. According to ILO/WHO (1950), the focus is on three objectives of workplace health and safety: promoting and maintaining the health and capacity of workers; enabling a safe and conducive working environment for working in an organization and adopting a working culture which directs and supports occupational health and safety in the workplace so that there may exist a good working climate that makes operations smooth and increases productivity.

In Africa, occupational health and safety is a main cause of concern. According to WHO (2002), the continent of Africa has fallen short of meeting the Millennium Development Goals in particular, health and safety related. Puplampu and Quartey (2012) argue that African countries have continued to turn a blind eye on the significance of occupational health and safety. This is attributed to the inadequate attention that governments and organizations has given to occupational health and safety. The Regional Committee for Africa Report (2004) opine that there exists a culture of poor safety and wellbeing in most African countries. It attributes this to emphasis by organizations on increasing productivity and profitability at the cost of compromising the health and safety standards, procedures and policies. In Namibia, industries have been experiencing occupational health and safety issues due to careless attitude at work (Amweelo, 2000). This has led to risky and hazardous work environment leading to industrial incidences. Bell (2007) indicate that in South Africa the number of incidences yearly is 300,000 yearly or more, painting a grim picture concerning occupational safety and health of its workers. South African mining companies are currently at the forefront in inadequate safety measure and deteriorating health welfare of workers. Nuwahid (2004) argue that in Africa, workers health and wellbeing has been ignored for so long due to rivalry between national issues and issues and of that field. In Kenya, occupational health and safety is both a voluntary mechanism through occupational health and safety assessment series and an enforced mechanism through occupational Safety and Health Act No.15 of 2007 (Labour Laws, 2007). Ndirangu and Namusonge (2014) established that attitude, leadership, motivation and organization culture were significant factors that affected the implementation of occupational safety and health in industries in Kenya. Further Kaguathi (2013) found out that organization culture, structure and

resistance were major factors that hindered the successful implementation of occupational health and safety strategies in Kenyan industries. According to Mbakaya, Onyoyo, Lwaki and Omondi (1999), the general impression in Kenya is that the country has grossly inadequate levels of occupational health and safety regulations compared to developed countries. The organization also benefits from improved productivity due to reduced number of cases of sickness, absenteeism and turnover. It also improves the organizations image (Price, 2004).

1.2 Statement of the problem

The work place of every employee should be safe because workers spend an average of eight hours a day at their workplace. In 2003 Kenya adopted the International Labor Organization's global strategy on occupational safety and health. Adopting occupational health and safety practices therefore helps in reducing the number of job related accidents and injuries (Gaceri, 2015). Despite Kenya having various legislations requiring organizations to implement various occupational safety and health strategies, this has not been the case. The study therefore investigated factors that have influenced G4S into adopting the occupational safety and health practices into its organization.

1.3 Objectives of the study

The broad objective of the study was to establish the factors influencing the adoption of occupational safety and health practices at the G4S.

1.3.1 Specific objectives

The following objectives specifically guided the study:

- i. To establish the role of occupational safety and health policy at the G4S Kenya Limited.
- ii. To determine the influence of leadership on occupational safety and health at the G4S Kenya Limited.
- iii. To examine the organization safety culture towards occupational safety and health at the G4S Kenya Limited.
- iv. To establish the effect of training on occupational safety and health at the G4S Kenya Limited.

1.4 Research questions

The listed research questions derived from the study objectives were answered by the study:

- i. What role does the policy on occupational safety and health play in the adoption at the G4S Kenya Limited?
- ii. How is leadership influencing adoption of occupational safety and health at the G4S Kenya Limited?
- iii. What is the organizational safety culture towards adoption of occupational safety and health at the G4S Kenya Limited?
- iv. How does training affect adoption of occupational safety and health at the G4S Kenya Limited?

1.5 Significance of the study

1.5.1 Management of G4S

The findings of this study benefits the management and employees of G4S Kenya Limited. The study will be used to highlight to them factors that will assist in adopting occupational safety and health at the organization.

1.5.2 The Government

The government will find this study significant as a reference guide as it will help in understanding factors that will influence organizations adopt occupational safety and health practices. In so doing, the government will put into place legislation that can influence the adoption.

1.5.3 Policy Makers

Policy makers will find this document beneficial as they will be able to understand what influences organizations particularly in Kenya to adopt occupational safety and health practices. This will assist them in formulating relevant policies.

1.5.4 Researchers and Students

Researchers and students will also benefit from this study as it will add into the pool of knowledge that already exist. The study will add new knowledge that will assist in research and studies into occupational safety and health.

1.6 Scope of the study

The G4S head office in Nairobi was the focus of the study. The Head office is located in Nairobi which is the capital city of Kenya. The G4S head office is made up of employees at different management levels. The employees at the different management levels were chosen because they presented different views of how they adopted occupational safety and health practices and what influenced their adoption. The research project took a period of three months as required by the institution; this helped to ensure that all areas were fully covered.

1.7 Limitations of the study

1.7.1 Objectives of the study

The study was limited to the stated objectives of the study which were used as its guide. These objectives of the study were used to formulate variables which influenced the literature review and research questions.

1.7.2 Target group

The study involved employees of G4S Kenya limited at the headquarters/ head office in Nairobi. This carries the bulk number in Management and frontline staff.

The study was also limited to responses collected from G4S employees within the period under study.

1.7.3 Geographical limitation

The study was geographically limited to the G4S head office in Nairobi and also to the 3 months allowed by the institution to conduct the research.

The response rate was another limiting factor in the study as an acceptable response rate ensured replicability of the study.

The study was restricted by confidentiality of respondents who took part in the study.

1.8 Summary

This chapter discusses the factors that affect the adoption of Health and safety in the Head office of G4S Kenya Limited. It outlines the objectives of the study which are guided by the laid out policies, the contribution of the leadership team, and the culture of the G4S employees and also covers the training that is required and which has already been given to the G4S employees to assist in the adoption of Occupational Health and safety in their work place.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter looks at relevant literature consulted such as journals, books and other articles that contribute to this study. The literature assisted in better understanding the research area.

2.2 Theoretical review

This is a review of related materials that a researcher dwells on the relevant theory that addresses the problem under study (Creswell, 2009). Kumar (2011) adds that a theoretical framework guides the researcher on what he/ she reads in relation to reviewing related literature. The study was guided by a theory which is relative to effective implementation of health and safety programs. This is social cognitive theory.

2.2.1 Social Cognitive Theory

The theory was developed in 1963 by Albert Bandura. It was a broadened version of the Social Learning Theory in which it factored in the principle of observational learning and vicarious reinforcement. According to the theory, learning occurs in a social environment through a dynamic mechanism where the person, environment and behavior interact with each other (LaMorte, 2016). The theory emphasizes on a social environment that socializes both externally and internally.

Social cognitive theory is a consideration of the unique individualism and behaviors that a person acquires in a social environment in relation to his final behavior. The theory is a consideration of an individual's experiences in the past which predicts his future behavior. People's experiences of the past have an impact on what they expect in the present as they behave in a particular manner. The theory states that when people observe a model performing a behavior and the consequences of that behavior, they remember the sequence of events and use this information to guide subsequent behaviors. Bandura (2001) stated that, from a social cognitive point of view, people are exposed to different interdependent circumstances every day, determine the best approach to these situations, assess their perceived competence (self-efficacy) to execute their intentions, determine if the behavior they perform will produce the desired outcome (outcome expectancy), and finally, decide the vitality of obtaining the outcome (outcome value). Bandura

(2001) advised that, in order to have the greatest impact on employees' self-efficacy, a shift in emphasis is required. Instead of trying to scare employees into health safety, they should be provided with requisite tools so as to exercise personal control over their health habits. Thus, in order to have an effect on employees' safety self-efficacy, safety education ought to ensure that employees are empowered with skills through training that will allow them to safely perform their duties at work.

2.3 Critique of the existing literature relevant to the study

2.3.1 Occupational Safety and Health Policy

A policy is a document or statement that gives direction. It provides guidelines on the direction an organization should take on a particular matter. An occupational safety and health policy therefore provides the organization with guidelines on how best to provide a safe and healthy environment with which employees can perform their duties and in the process reduce incidences of occupational injuries and illness.

Armstrong (2009) argues that policies on health and safety at the work place exist for purposes of protecting both the employee and the public from harm arising from the work being done. According to Makhamara and Simiyu (2016), health and safety in an organization should be the concern of all and not just be left to the management or individuals. Armstrong (2009) suggest that managers develop a policy on health and safety in the organization which should be implemented to assess risks and safety. Makhamara and Simiyu (2016) recommend that managers should monitor the safety and health of employees and work environment and take corrective measures where need be. Cole (2007) points out the influence that managers can have on the safety and health of the organization given their authority. Managers can continuously monitor the safety of the workplace and take corrective actions where necessary.

It is imperative therefore for all organizations to have a written health and safety policy document (Cole, 2009). It is not only a moral requirement but a legal one too. It is a legal requirement for an organization with four or more employees to have a documented health and safety statement and inform them of it (Burchill & Casey, 1996). Its mere existence is a show of commitment that the management is committed on providing a healthy and safe working

environment. Makhamara and Simiyu (2016) points out that an occupational health and safety policy statement declares the intention by the management to safeguard the employee's safety and health. The statement should contain safety procedures, details of safety officers, safety committees, safety training and procedures for reporting injuries and accidents.

2.3.2 Leadership commitment in Occupational Health and Safety

Leadership is described by Armstrong (2009) as the process by which people are inspired to best perform their duties to achieve the best results. According to Gaceri (2015), managers should be at the forefront in setting good safety examples in order for other employees to see their seriousness and imitate their safety and health practices. Managers are not perceived as bystanders as concerns to safety and health at the workplace. Their leadership in as far as implementing safety and health practices in the work place relation to the process of production, speed of work, working hours and performance goes a long way to determine the work life balance of employees, physical and mental wellbeing (Dohery & Tyson, 2000).

According to Ndirangu and Namusonge (2014), research has evidently shown a correlation between good leadership and positive health and wellbeing of employees. This includes less sick days and disability. Armstrong (2009) believes that managers who are consistent in following safety procedures set a good example to employees who are in turn motivated to do the same to ensure their safety and health. Leadership therefore can be considered to play a significantly important role in ensuring safety and health in the workplace in a number of ways. Leadership ensure that an organization formulates relevant safety and health policies; formulation and implementation of proper safety and health strategies; monitoring of various safety and health practices; providing good examples of safety and health practices; enacting a culture of good safety and health wellbeing; prioritizing safety and health at the workplace at all times (Ernst & Young, 2001).

2.3.3 Occupational Health and Safety Culture

According to Asif (2010), the subject of organizational culture has developed over the years within the research circles. INSAG (1999) posits that a culture of organizational safety is a concept that is not new having made its appearance in 1987. It has since gained interest because

of its impact in reducing workplace injuries, accidents and illness (Choudhry, Fang, & Mohamed, 2006). A culture of occupational health and safety has continued to receive strong support from international and local organizations (OSHWiki, 2013). ILO (2009) argue that promoting a culture of occupational health and safety leads to a safe and healthy working environment where both employees and employers participate actively in securing and maintaining their health and wellbeing.

The components of an organizations culture comprises of visions, values, attitude, norms and taboos that have an impact on the kind of decisions and how the organization behaves. A good OSH culture is therefore in support of healthy and safe behaviors at the workplace therefore encouraging competence and responsible behavior while discouraging actions deemed as irresponsible. A strong culture of safety in the workplace makes everyone responsible for managing safety. Masdorf (1999) opines that for an organization to prevent accidents, illnesses and injuries at the work place, it needs to incorporate a culture that supports safety. This can be achieved through instituting management and safety programs that considers its workers perception within the safety framework. To achieve a culture in the workplace, the organization needs to value it as highly as it values the organizations performance (Gibbs, 2015).

2.3.4 Training on Occupational Health and Safety

According to Cohen and Colligan (1998), safety and health training at the workplace should be incorporated in the safety and health policies. This will give assurances of the organizations commitment to continually ensure its staff understand their work hence reduces chances of accidents and injuries. Amponsah-Tawiah and Mensah (2016) supports that health and safety programs need a clear definition on the policies and how the training will take place to ensure safety performance. Law, Chan and Pun (2006), define safety training as a component of knowledge that enables employees safely conduct their work without endangering themselves. Amposah-Tawiah and Mensah (2016) believe that by effectively training employees, they become more accountable and ensure safety at their workplace.

The pressure for performance is perhaps the greatest cause of accidents and injuries in the workplace. According to Oluoch (2015), employers have an obligation to train staff, provide

knowledge and experience to its staff on the safety and wellbeing of the employee in the workplace. O'Connor, Flynn, Weinstock and Zanoni (2014) while acknowledging the importance of training in reducing occupational health accidents and injuries, cautions against treating it in isolation from other interventions. They argue that workers should be trained on safety and also be allowed to demand for safety equipment and measure to be put in place in the organization.

2.4 Summary

Occupational health and safety is a phenomena which has been a cause of concern since the industrial revolution. Though it has undergone a lot of transformation over the years through legislation, policies and practices, a lot still needs to be done to reduce the cases of accidents and injuries at the workplace especially in the African continent. Organization need to first formulate policies to ensure occupational health and safety standards are recognized and seriously considered by the organization. The management of the organization needs to be in the forefront in providing a safe working environment. They must provide leadership in safety and health practices so that other employees may emulate them. The safety culture of both the management and the employees is also of great concern. They must have a culture of safety while undertaking their work if they are to reduce accidents and injuries at the workplace. The culture of safety should be embraced by all and be practiced on a daily basis if it is to be effective in reducing accidents, injuries and illnesses. The employees should undergo continuous training of their work. Training employees on work safety ensures they carry on their work while considering their safety and that of their colleagues.

2.5 Research gaps

Researchers (Hasle & Limborg, 2005; Mbakaya, Onyoyo, Lwaki & Omondi, 2000) have indicated an inadequacy by most organization in fulfilling legal requirements concern with occupational health and safety in the workplace. In all the reviewed researches, there existed no significant research on factors influencing the adoption of occupational health and safety practices in security companies in Kenya.

2.6 Conceptual framework

According to Kumar (2011), conceptual frame work is the basis of research problem. He further acknowledges that conceptual framework emanates from a framed theory and points at parts that are important in the study. Nachmias and Nachmias (1996), asserted that conceptual framework is the third level of theory. Further Nachmias explains that in conceptual framework, there is a systematic categorization of categories which are broad and explicit. These are the statements that will enable a conclusion of either accepting or rejecting characteristics of two or more variables based on their relationship with each other.

The study made use of occupational health and safety practices as the dependent variable while occupational health and safety policy, training, leadership and attitude were the independent variables. Figure 1.1 shows the conceptual framework.

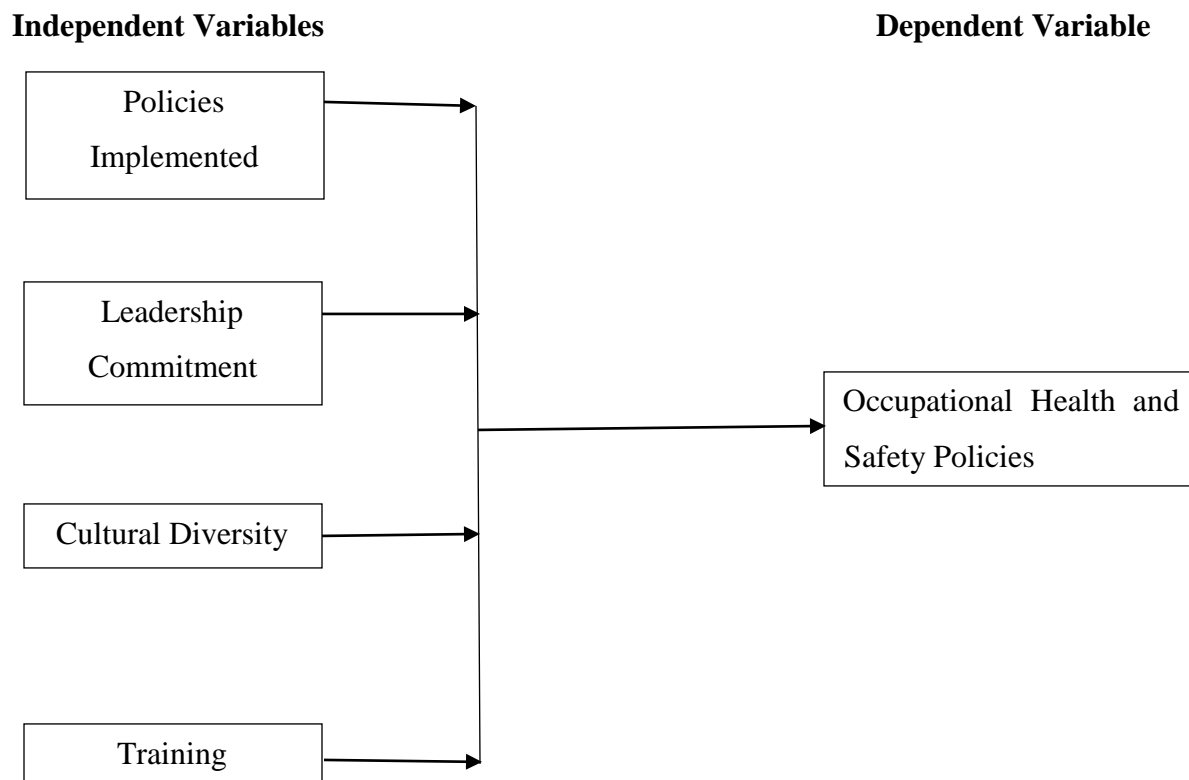


Figure 1. 1: Conceptual Framework

Source: Researcher, 2017

CHAPTER THREE

RESEARCH AND METHODOLOGY

3.0 Introduction

This chapter explores the research methodology to be used to carry out the study in order to achieve the objectives as stated. According to Kothari (2004), research methodology is a systematic process of solving the phenomena's in research. This chapter therefore presents a discussion on the research design, target population, sampling techniques, data collection instruments, data presentation, data analysis and presentation and finally ethical issues.

Leedy (1993) further defines research methodology as a concept of arranging data to derive meaning. This therefore directs the researcher on what must be followed to get solutions to issues of concern. Bryant and Miron (2006) clearly defines research methodology as encompassing the procedures, actions and apparatus involved in the conducting of a study and collecting data that is relevant to the research and the meaning attributed to the identified processes. These steps and tools include identification of the research population, sampling, data collection tools and data analysis tools and the justification of each of the tools selected (Blaikie, 2007; Jespersen, 2005; Lauriol, 2006).

3.1 Research design

Kumar (2011) defines research design as a map, construct and procedure of enquiry placed for purposes of obtaining answers to a problems of research. Creswell (2009) supports this view by stating that a research design is a planned process acceptable to the researcher in order to answer questions in a cogent, unbiased, correct and within the budget.

Research design is the foundation to which the research is based in its entirety. The problem of the study having been adequately described and variables chosen, the study therefore qualifies as a descriptive research design. This is because descriptive design assists in answering pertinent questions in research of who, what, when, where, and how associated with a particular research problem. It is useful in obtaining current information about circumstances and hence describes its existence based on the situations conditions or even variables. Fink (2003) indicates that choosing descriptive study design is necessary because of its ability to generate information on items and circumstances that currently exist.

3.2 Target Population

According to Kothari (2004), population is an entire group of individuals, events or objects having a common observable characteristic. He describes population as the total of all that fits to a given specification. This view is similar to Kasomo (2006) who defines population as any group of institutions, people or objectives that have at least one characteristic in common. All the G4S staff at the head office formed the target population of the study. The target population in the study constituted all the G4S employees at the head office who total to 510 employees.

Table 3.1: Target Population

CATEGORY	FREQUENCY	PERCENTAGE (%)
Senior Management	50	10%
Middle Management	100	20%
Employees	360	70%

3.3 Sample and sampling technique

3.3.1 Sampling Techniques

Sampling technique is the adopted process deliberately selected to identify a specific sample. According to Kombo and Tromp (2006), sampling technique is a techniques of pinpointing objects or individuals within a population while ensuring the selected items or objects contain similar characteristics that are representative of the entire group's characteristics.

The study used stratified sampling technique. Stratified random sampling involves dividing the population into homogeneous subgroups and then taking a simple random sample in each subgroup (Kombo & Tromp, 2006). G4S employees were stratified according to their departments which are: Courier, Human resources department, manned security and cash in transit.

3.3.2 Sample Size

A sample size is any number of cases less than the total number of cases in the population from which is drawn (Mugenda & Mugenda, 1999). Cohen, Manion and Morrison (2011) argue that on the representativeness of the sample, there is need to consider the extent to which it is important that the sample in fact represents the whole population in question, if it is to be a valid sample. According to Israel (1992), apart from the purpose of the study and the size of the population, there should be a criteria for deriving the size of the sample for the study: the precision level, the confidence level and the degree at which the variables vary from each other. In this regard Yamane (1967) provides the following formula for yielding a representative sample for proportions for large populations.

$$n = \frac{N}{1 + N(e)^2}$$

Where n is the sample size, N is the population size, and e is the desired level of precision. As guided by Cochran (1963), to calculate the sample size, the researcher will assume a desired level of confidence at 95% and $P = .5$ (maximum variability). The resulting sample size for student population is as shown below

$$n = \frac{N}{1 + N(e)^2} = \frac{510}{1 + 510 (.05)^2} = 224 \text{ employees}$$

The sample size of the study was 224 respondents. Table 3.1 represents the sample size

Table 3. 2: Sample Size

Departments	Population	Stratum Sample Size	%
Courier	36	16	7.1
Human Resources	23	10	4.5
Manned Security	384	169	75.4
Cash in Transit	67	29	13
Total	510	224	100

3.4 Instruments

The study made use of a standardized set of questionnaires issued to staff of G4S main office in Nairobi. Questionnaires were used because they are easy to administer; in-depth response is provided; are inexpensive in obtaining information from a fairly large population (Mugenda & Mugenda, 1999). The questions in the questionnaires were based on the objectives of the study. The questionnaire was guided by the respondent's ability in answering pertinent areas of importance to the study.

3.5 Validity and reliability test

3.5.1 Validity

Cohen, Manion and Morrison, (2011) describes validity as the degree by which a sample test items represents the content the test is designated to measure. Mugenda and Mugenda (1999) asserts that validity can be measured through the use of an expert or professional in that field. The researcher ensured validity of the research instrument by seeking the opinion of experts and investing on the supervisor's comments and corrections on the suitability of the questions and structure of the research tools. This assisted in improving content validity of data to be collected by ensuring the research tool was revised and modified to meet standards.

3.5.2 Reliability

Cohen, Manion and Morrison (2011) describes reliability to be synonymous with dependability, consistency and replicability over time, instrument and over groups of respondents. Reliability is concern with consistency and accuracy. Research is considered reliable if when carried out on a similar group of respondents in a similar context, then similar results would be found. This means the research is replicable. To ensure reliability in this study, the researcher conducted a pretest on the research instrument. The pretest was conducted during the pilot study. This was carried out at the Courier unit with a total of fifteen members of staff.

3.6 Data collection procedure

The researcher operationalized the questionnaire by transmitting the variables as questions as appropriate indicators for collecting relevant data. Distribution of the questionnaires was a physical process of handing them over to respondents to be answered. The researcher also made

use of an introductory letter which instruct the respondents to carefully read the questions before answering accordingly. The questionnaires were filled as the researcher/ research assistant waited to collect them.

3.7 Data Processing and analysis

Creswell (2009) describes data analysis as a practice in which raw data is ordered and organized so that useful information can be extracted from it. Data analysis involves proper data collection, assessment, and information extraction and finally comprehensive presentation. According to Shamo and Resnik (2003), various analytic procedures “provide a way of drawing inductive inferences from data and distinguishing the signal (the phenomenon of interest) from the noise (statistical fluctuations) present in the data”. Data collected for this study was therefore analyzed using Statistical Package for the Social Sciences (SPSS) a statistical software package for statistical analysis. Results were presented through the use of tables, charts, graphs and percentages. From the analysis of the findings, final recommendations and suggestions were made.

3.8 Ethical Considerations

The researcher sought an introduction letter from the University to assist in accessing respondents at the organization under study. The organization under study was informed of the research and permission sought to undertake it. The respondents were informed of the purpose of the study. The respondents ensured their anonymity and confidentiality of the data they provided. Data was only sought from the respondents who voluntarily accepted to participate. The data collected was only used for the purpose intended in this study

3.9 Chapter Summary

The study adopted descriptive research design because of its ability to answer important questions in this study. The target population in the study constituted all the G4S employees at the head office who total to 510 employees. The sample size of 224 was determined through the use of Yamane’s formula. A standard set of questionnaires was used as the main data collection tool.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

The chapter presents the findings and discussion of the analyzed data. The data is a representation of the responses from the returned questionnaires. The data presented was a systematic link to the format of the questionnaires used.

4.2 Presentation and research findings

4.2.1 Response rate

A total of 224 questionnaires were distributed for purposes of the study. A total of 200 questionnaires were returned. This signifies a response rate of 89%. According to Richardson (2005) as cited by Babbie (1973, p. 165) and Kidder (1981, p. 150 – 151) stated that a response rate of 50% is valid in social research. This renders this research acceptable.

4.3 Socio-demographic findings

The respondents were asked to stage their gender, age, years worked at G4S, highest academic qualification and in which department they worked under.

4.3.1. Gender of respondents

The respondents were asked to state their gender. The gender of the respondents comprised of more males (70%) than females (30%). This means that the organization is male dominated. The results are captured in figure 4.1 and table 4.1.

Table 4. 1: Gender of Respondents

Gender	No.	%
Male	140	70
Female	60	30
Total	200	100

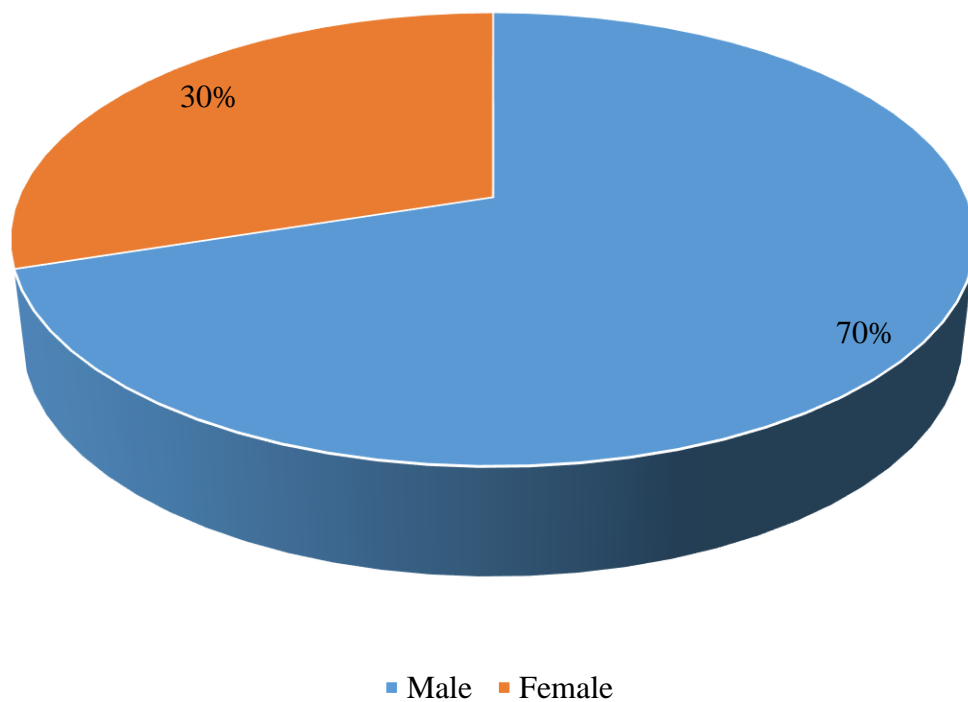


Figure 4. 1: Gender of Respondents

The findings of the study on gender shows that G4S is more male populated. The findings therefore present the different aspects of occupational health and safety given that different genders have different risk factors.

4.3.2. Age of respondents

The respondents were asked to state their age within a given bracket. The respondents were of the following age brackets: majority of the respondents were below 25 years (98 respondents), followed by age 26 – 35 years (89 respondents), age 36 – 45 years (8 respondents) and 46 and above years (5 respondents) as shown in figure 4.2

Table 4.2: Age of respondents

Age	No.	%
Below 25 years	98	49
26 – 35 years	89	45
36 – 45 years	8	4
46 and above	5	2
Total	200	100

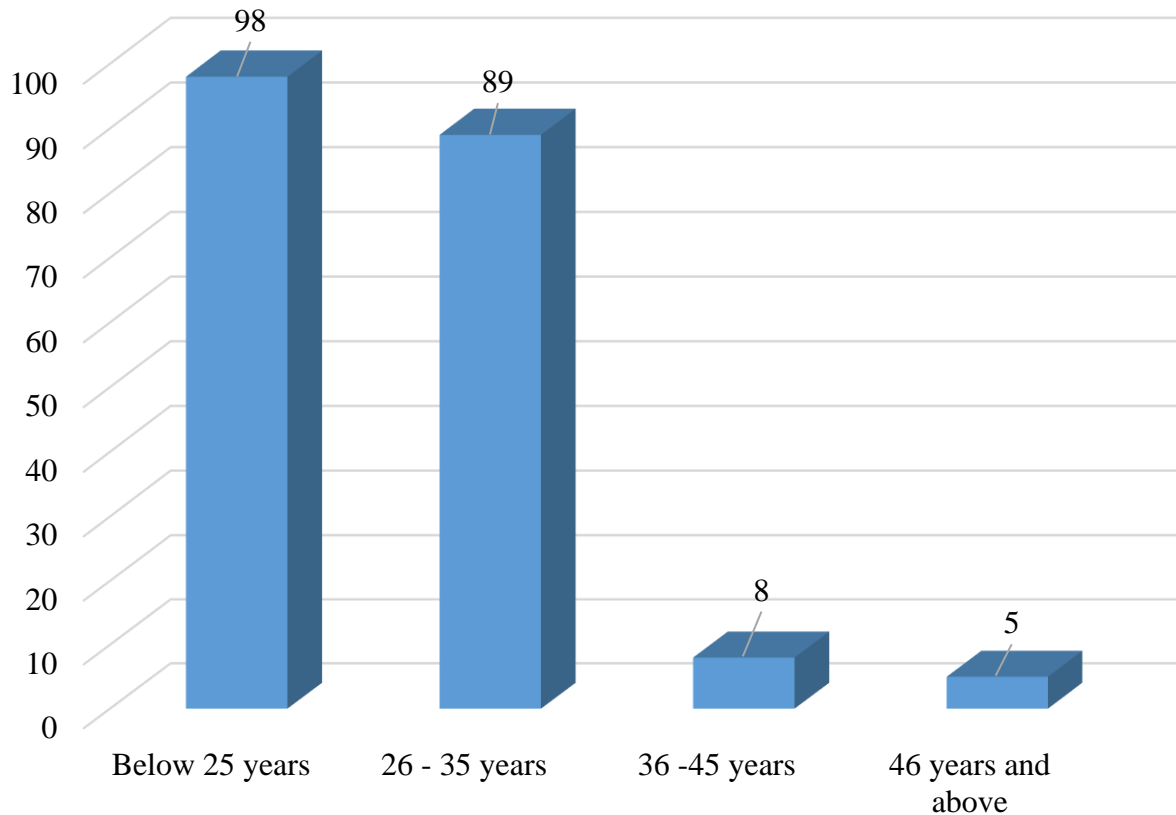


Figure 4. 2: Age of Respondents

The findings of the study show a youthful employee base. An ageing workforce could be perceived to be more at risk to health and safety risks than a youthful workforce. A youthful workforce therefore in this study is a manifestation of reduced risk.

4.3.3. Work experience at G4S

The respondents were asked to state how long they have worked at G4S Kenya Limited. The study also found out that majority of the G4S employees had worked in the institution for between 5 to 10 years (82 respondents), followed by more than 10 years (75 respondents), between 2 to 5 years (20 respondents), less than 1 year (13 respondents) and between 1 to 2 years (10 respondent) as shown in figure 4.3

Table 4.3: Work Experience

Age	No.	%
Less than 1 year	13	7
1 to 2 years	10	5
2 to 5 years	20	10
5 to 10 years	82	41
Above 10 years	75	37
Total	200	100

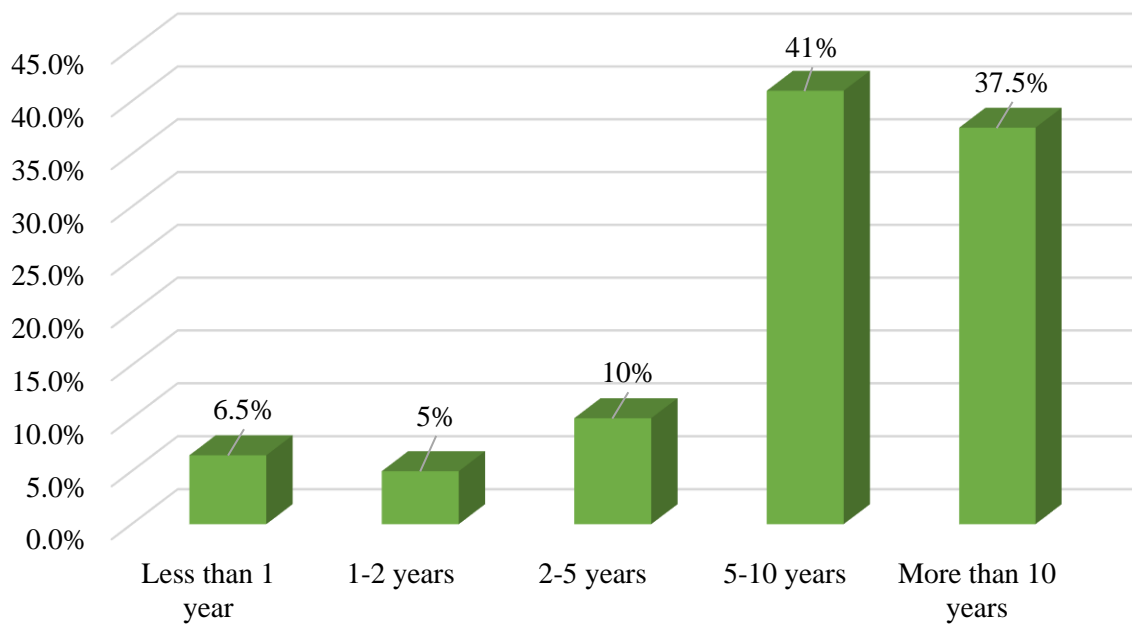


Figure 4. 3: Work Experience at G4S

The study findings show that a majority of the employees have a lot of experience in their work. The many years of work experience signifies that they have mastered their duties and that therefore they are at a reduced risk of accidents and injuries at the workplace.

4.3.4. Academic qualification

A question seeking to find out the highest academic qualifications of employees at G4S was posed to them. The study found out that a majority of the employees were certificate holders (47%), Diploma holders (23%), Bachelors (19%) and Postgraduate (11%). The findings are shown in figure 4.4 and table 4.2.

Table 4. 2: Academic Qualification

Qualification	No. of Responses	%
Certificate	94	47
Diploma	46	23
Bachelors	38	19
Postgraduate	22	11
Total	200	100

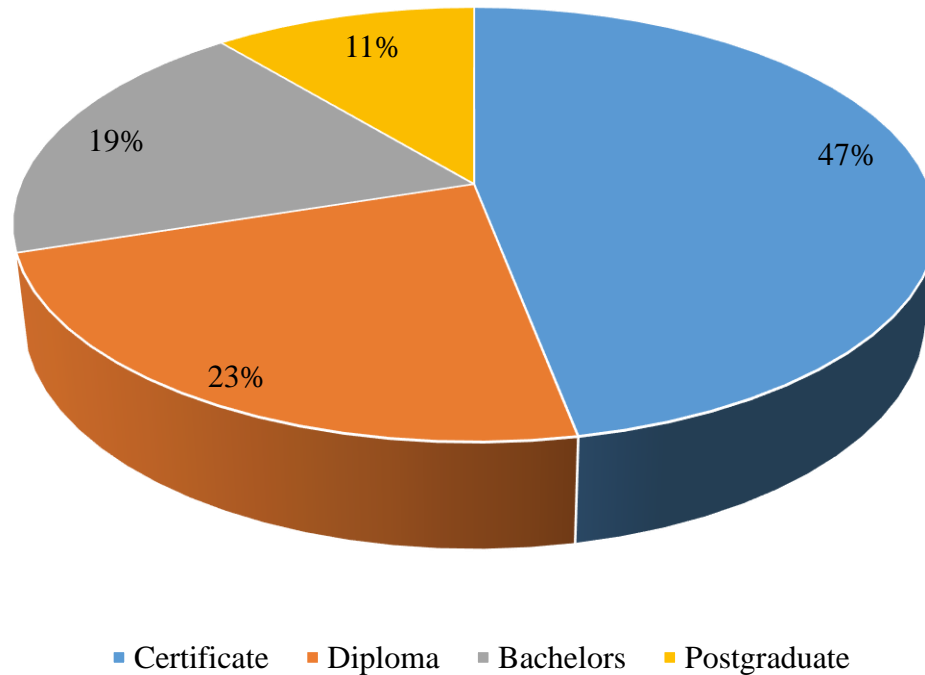


Figure 4. 4: Academic Qualifications

4.3.5. Assigned Department of G4S

A question seeking to find out what section/department G4S employees work in, indicated that staff worked in different departments. The departments were indicated as follows: Courier, Human resources department, manned security and cash in transit.

The findings show that the study had captured staff in all the departments targeted by it. This indicates that the study captured views from staff from the different departments within the organization under study.

4.2 Policy on health and safety practices

This section sought to find out the availability of a policy on health and safety practices within G4S Kenya Limited and if it plays a role in adopting these practices.

4.2.2 Availability of a policy

The study sought to find if G4S Kenya Limited had a policy on occupational health and safety practices. The respondents were asked if they were aware of an occupational health and safety policy at G4S. Majority of the respondents indicated in the affirmative (75%) while 25% indicated in the negative. The findings are shown in figure 4.5 and table 4.3.

Table 4. 3: Availability of Policy

Response	No.	%
Yes	150	75
No	50	25
Total	200	100

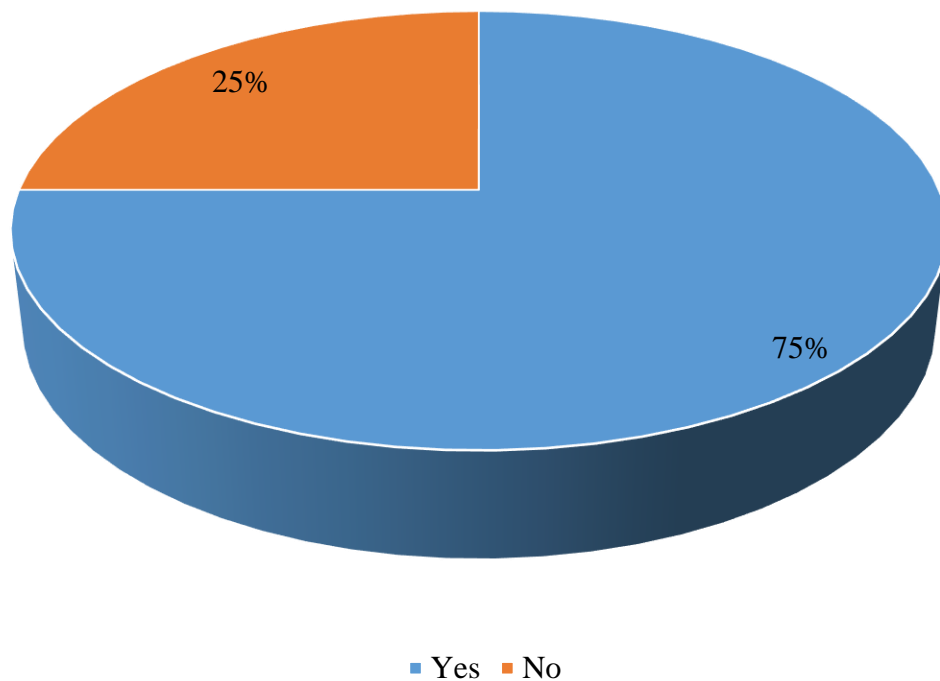


Figure 4. 5: Occupational Health and Safety Policy

The findings show that majority of the employees are aware of an existing policy on occupational health and safety practices. This is an indication of its existence but also points out at the lack of adequate knowledge of its existence from all the employees in the organization.

4.2.3 Effective communication of OHS policy

The respondents were asked if the policy on occupational health and safety has been effectively communicated to them. The majority of the employees indicated to a very little extent (54%), somewhat (26%), to a great extent (14%) and not at all (6%). The findings are shown in figure 4.6.

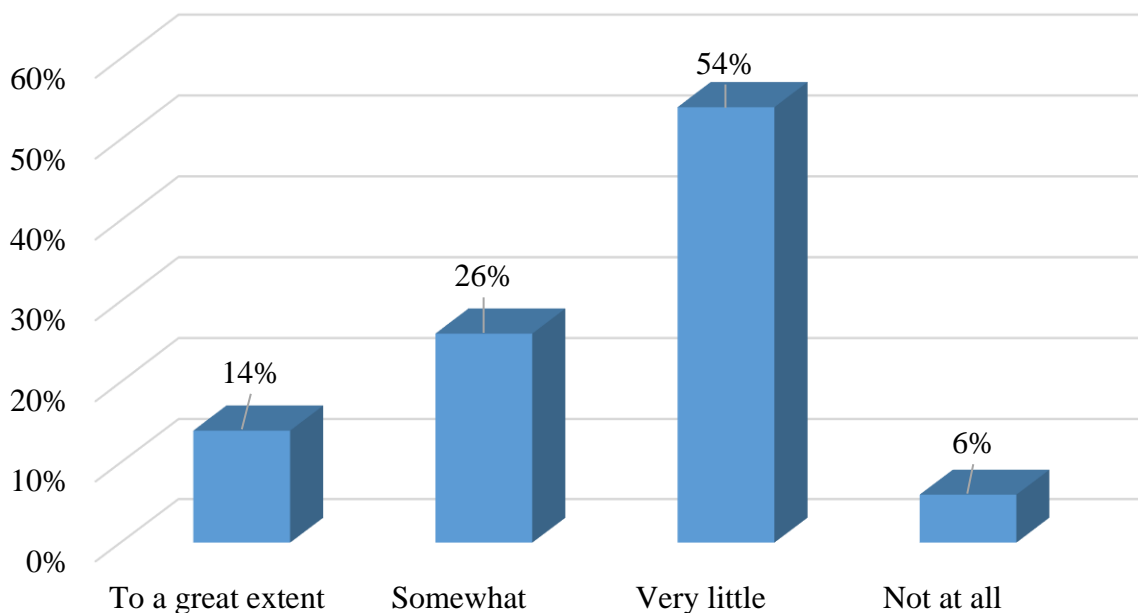


Figure 4. 6: Effective Communication of OHS Policy

The findings of the study indicate that despite the availability of the OHS policy, it has not been effectively communicated to the employees. This is supported by the respondents who indicated to very little extent on the effective communication of OHS policy.

4.2.4 Policy relevance on safety and health issues

The respondents were asked if the policy addressed safety and health issues. A majority of the respondents indicated to the affirmative (53%), followed by 37% who indicated maybe and 10% indicated to the negative. The findings are shown in figure 4.7.

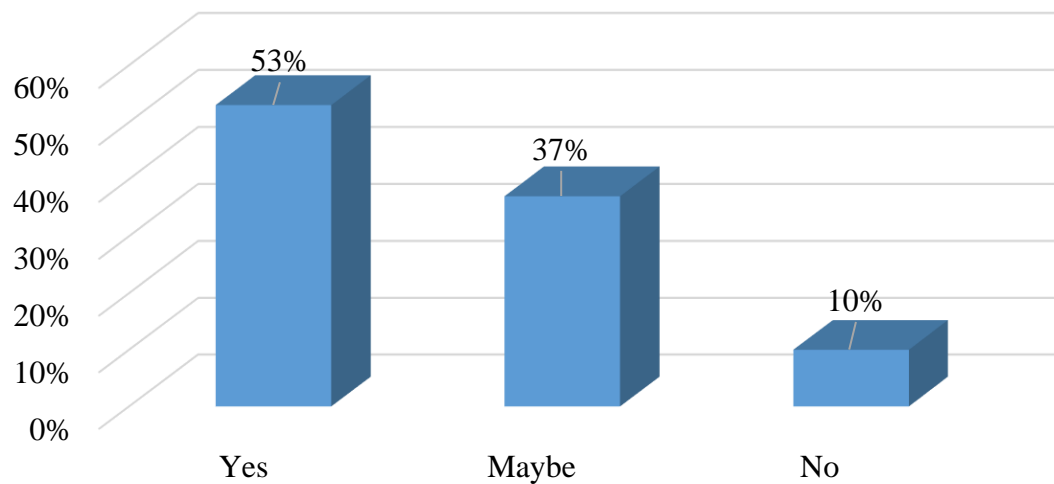


Figure 4. 7: Policy Relevance

The findings show that the policy is considered to be relevant in addressing issues of safety and health in the organization. This is informed by the majority of the respondents who answered the question to the affirmative.

4.2.5 Policy implementation

The respondents were asked if the policy on health and safety is being implemented in their organization. A majority of the respondents indicated somewhat (54%), to a great extent (34%), very little (8%) and not at all (4%). The findings are show in figure 4.8 and table 4.4.

Table 4. 4: Policy Implementation

Response	No.	%
To a great extent	68	34
Somewhat	108	54
Very little	16	8
Not at all	8	4
Total	200	100

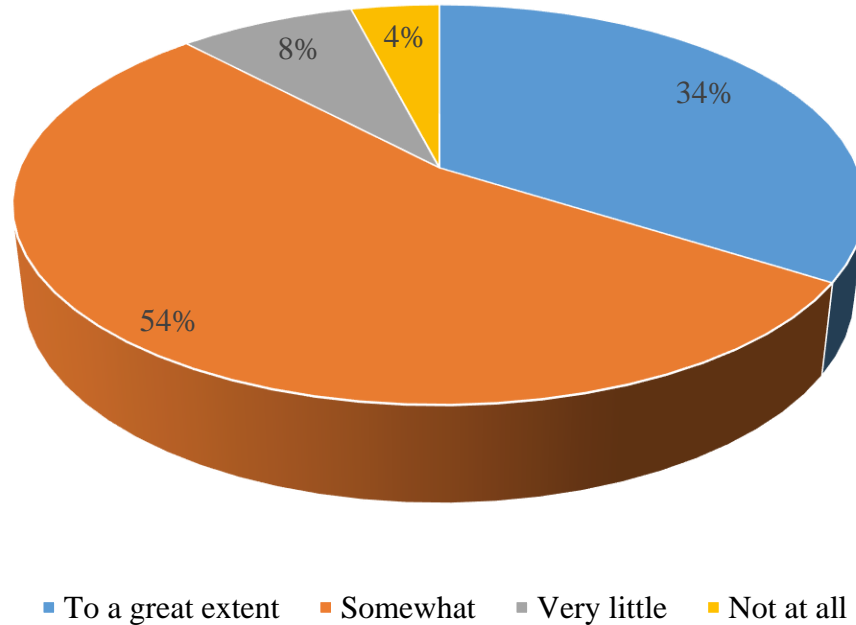


Figure 4. 8: Policy Implementation

The findings show that the policy on health and safety is somewhat being implemented at the G4S. The findings show that the policy implementation is not being implemented as required but it's being implemented to a level being noticed by the employees.

4.3 Leadership commitment on occupational safety and health

This section sought to find out if leadership influences the adoption of occupational safety and health practices.

4.3.2 Close supervision of work

The respondents were asked if the management closely supervise their work. Majority of the respondents indicated to the affirmative (78%) while 22% indicated to the negative. The findings are shown on figure 4.9 and table 4.5.

Responses	No.	%
Yes	156	78
No	44	22
Total	200	100

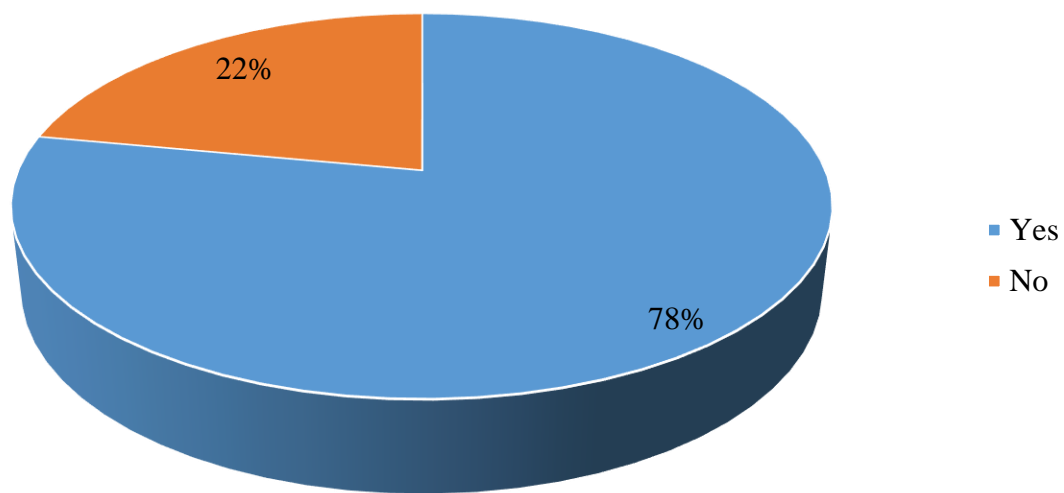


Figure 4. 9: Close Supervision of Work

The findings show that the employees are closely supervised by the management as they perform their work. This is an indication that the management is keen on ensuring that the employees conduct their work safely and in a healthy environment.

4.3.3 Channels for safety reporting

The respondents were asked if there were proper channels for reporting safety concerns in their organization. A majority of the respondents agreed (45%), followed by not sure (30%), strongly agree (12%), disagree (8%) and strongly disagree (5%). The findings are shown on figure 4.10.

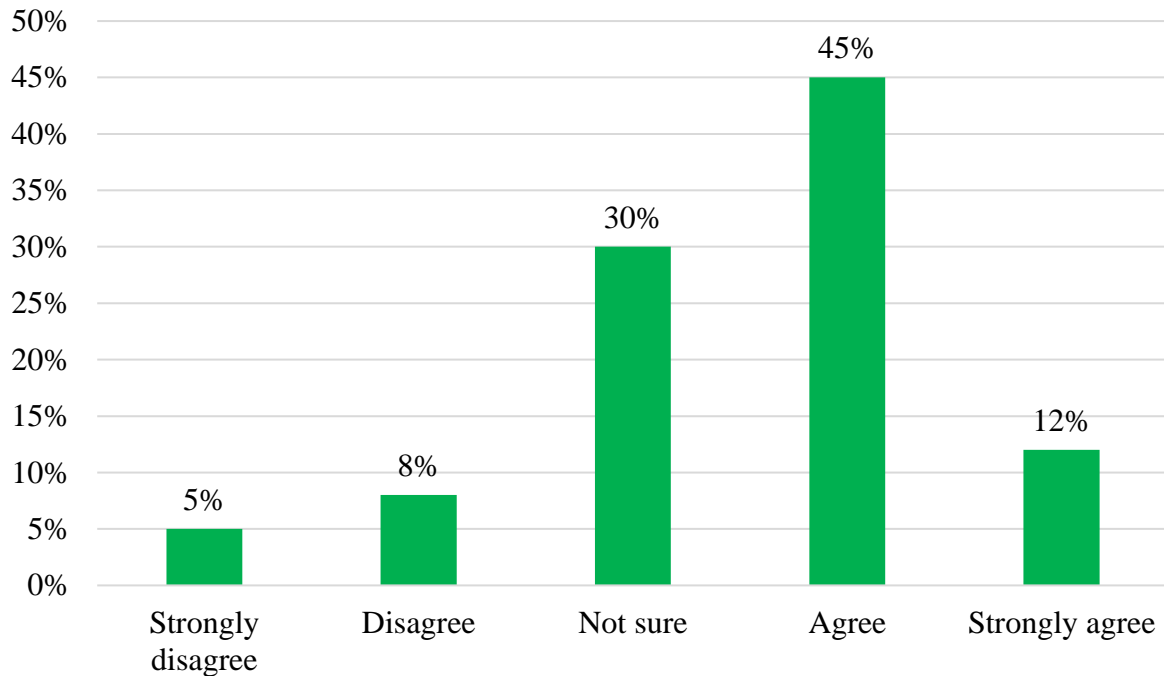


Figure 4. 10: Channels for Safety Reporting

The findings of the study show that G4S has channels of reporting safety issues. The availability of these channels is an indication of the management commitment on safety and health of its employees. This is perceived as a leadership quality from the side of the management.

4.3.4 Management compliance to safety standards

The respondents were asked if the managers adhere to safety standards when discharging their duties. Majority of the respondents indicated to the affirmative (67%), maybe (23%) and 10% indicated to the negative. The findings are shown in figure 4.11 and table 4.6.

Table 4. 5: Management Compliance to Safety Standards

Response	No.	%
Yes	134	67
Maybe	46	23
No	20	10
Total	200	100

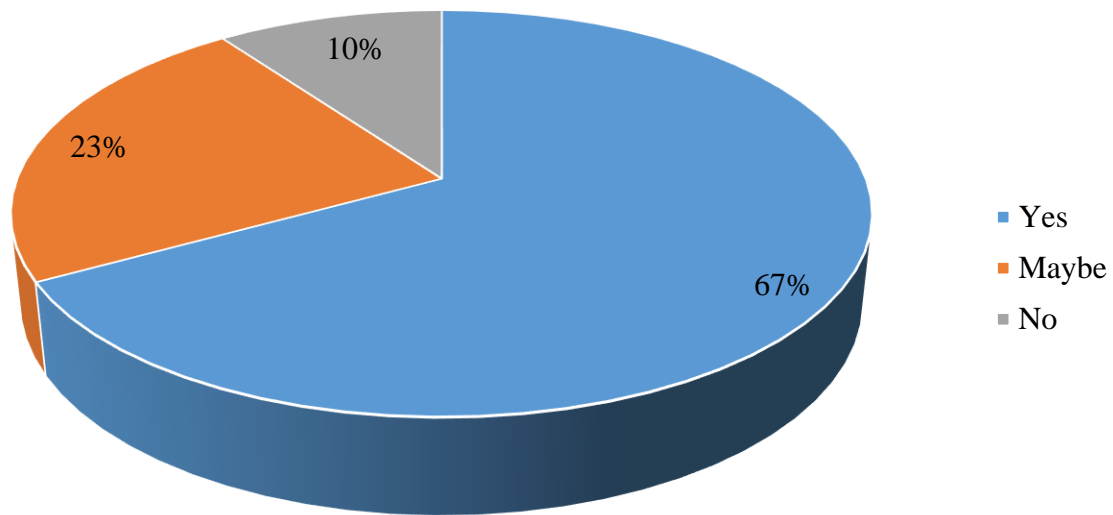


Figure 4. 11: Management Compliance to Safety Standards

The findings of the study show that the management is compliant to safety standards when discharging their duties. This can be a motivating factor for other employees to also comply with the safety and health standards since the management has set an example for them to follow.

4.3.5 Mitigation measure

The respondents were asked if the management had put mitigation measures against accidents and injuries in their organization. The majority of the respondents indicated that the management has put mitigation measure to a great extent (54%), somewhat (36%), very little (6%) and not at all (4%). The findings are shown in figure 4. 12.

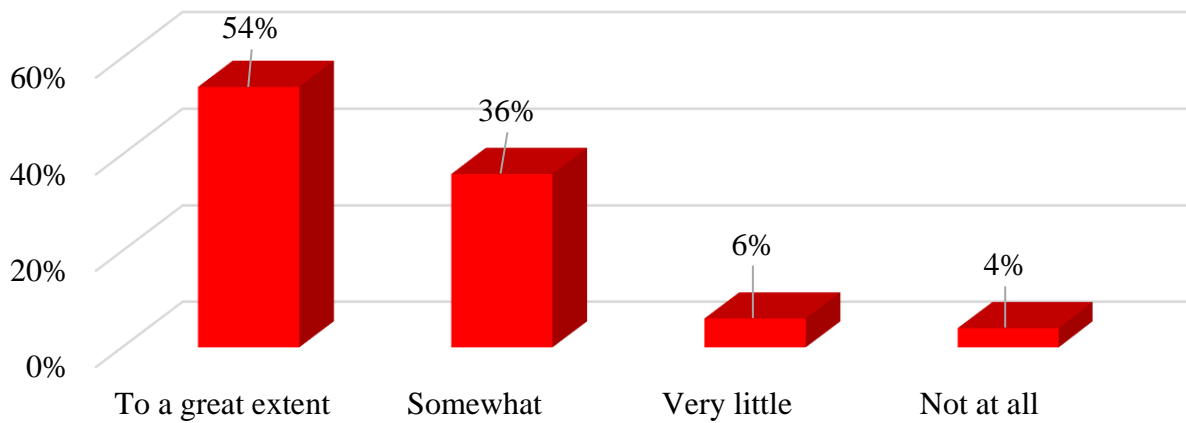


Figure 4. 12: Mitigation Measures

The findings of the study indicate that the management of G4S has put mitigation measure against accidents and injuries in the organization. This is an indication that the organization values its staff and therefore provides a safe working environment for their safety and wellbeing.

4.4 Training on occupational health and safety

This section sought to find out if training of G4S employees led to the adoption of occupational health and safety practices.

4.4.2 Occupational health and safety training

The respondents were asked if they have attended any training on occupational health and safety. A majority of the respondents indicated to the affirmative (60%) and 40% indicated to the negative. The findings are show in figure 4.13.

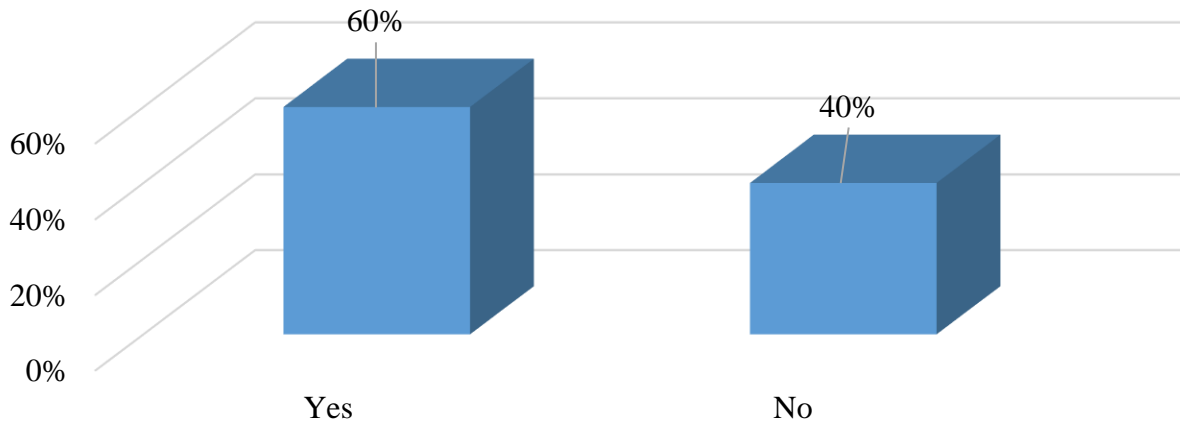


Figure 4. 13: Training on Occupational Health and Safety

The findings of the study show that G4S has trained a majority of its employees on occupational health and safety. This indicates the commitment by the organization to ensure a safe working environment. Employees who are trained on occupational health and safety are in a better condition to ensure safety for themselves and their colleagues.

4.4.3 Extent of training on occupational health and safety

An analysis of the findings on the extent of training on occupational health and safety show that: most of the respondents (54%) agreed, strongly agreed (26%), not sure (11%), disagreed (5%) and strongly agreed (4%) that employees received comprehensive training regarding workplace health and safety issues. Most of the respondents disagreed (52%), strongly disagreed (28%), not sure (9%), agreed (7%) and strongly agreed (4%) that there is a committee responsible for safety and health training. Most of the respondents agreed (56%), are not sure (20%), strongly agreed (15%), strongly disagreed (7%) and disagreed (2%) that they are not adequately trained to respond to emergency situations in my work place. Most of the respondents agreed (49%), strongly agreed (28%), not sure (21%), strongly disagreed (1%) and disagreed (1%) that the management encourages the employees to attend safety training programs. The findings are shown on figure 4.14.

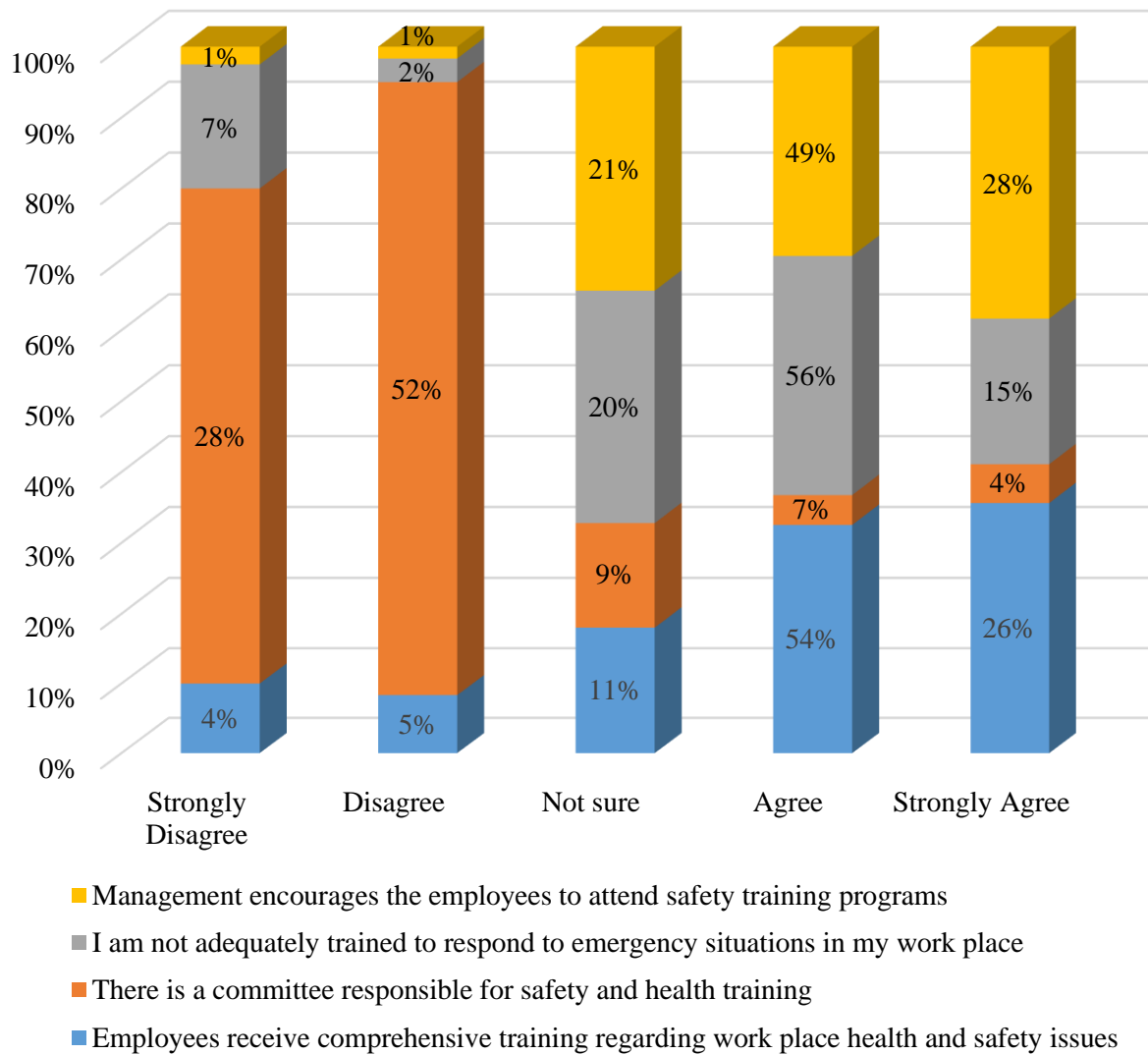


Figure 4. 14: Extent of Training on Occupational Health and Safety

The findings of the study show that the management of G4S encourages its staff to attend training. Even without a committee responsible for health and safety, the employees received comprehensive training regarding work place health and safety issue. This has made the employees to believe they are adequately trained to respond to emergency situations in their work place.

4.5 Culture towards occupational health and safety practices

This section set to establish if culture is a factor that influences the adoption of occupational health and safety practices.

4.5.2 Sufficient time and effort is committed to safety in the organization

The respondents were asked if sufficient time and effort is committed to safety by the organization. The question was subjected to a Likert scale response. Most of the respondents indicated that they agreed (54%), strongly agreed (21%), neutral (15%), disagree (6%) and strongly disagree (4%). The findings are shown in figure 4.15.

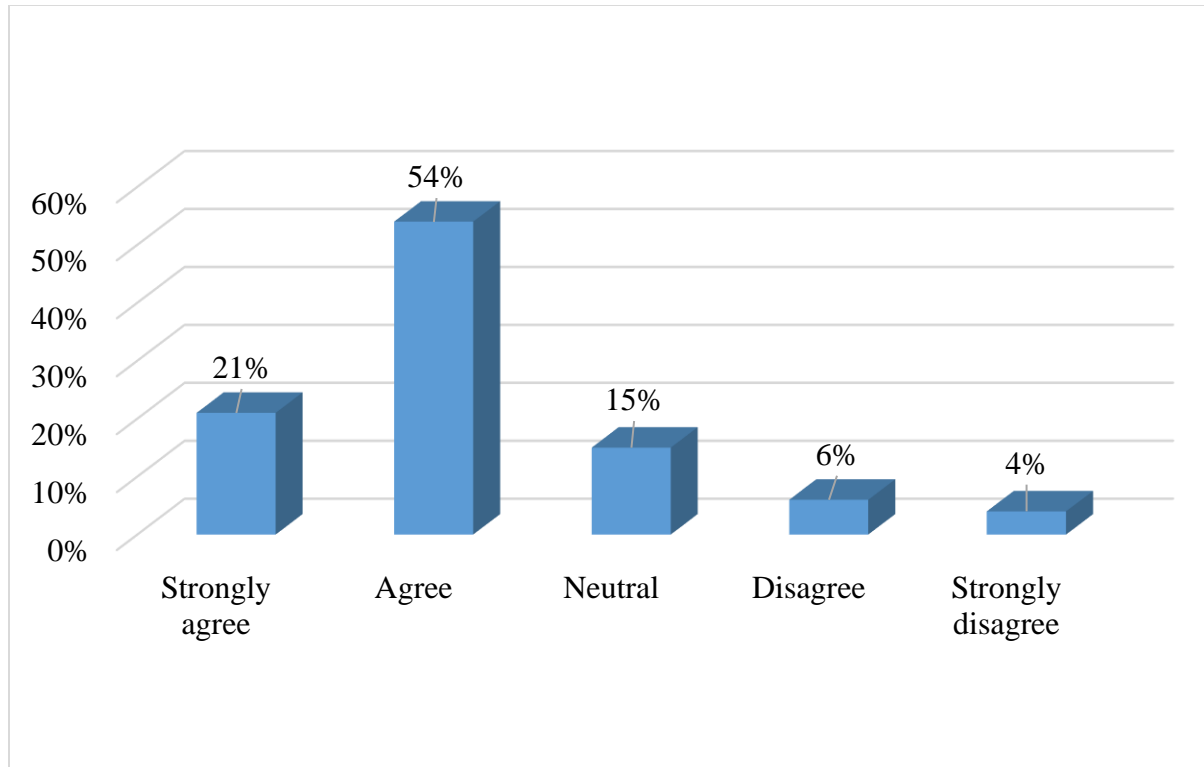


Figure 4. 15: Time and Effort on Safety

The findings of the study show that the organization has committed sufficient time and effort on safety. This is supported by the responses of most respondents who indicated that they agreed to the question posed.

4.5.3 Organization recognizing individual safety contribution

The respondents were asked if the organization recognizes individual contribution towards safety. The question was subjected on a Likert 5 point scale. Most of the respondents indicated that they agreed (53%), strongly agreed (25%), neutral (17%), strongly disagreed (3%) and disagreed (2%). The findings are shown in figure 4.16.

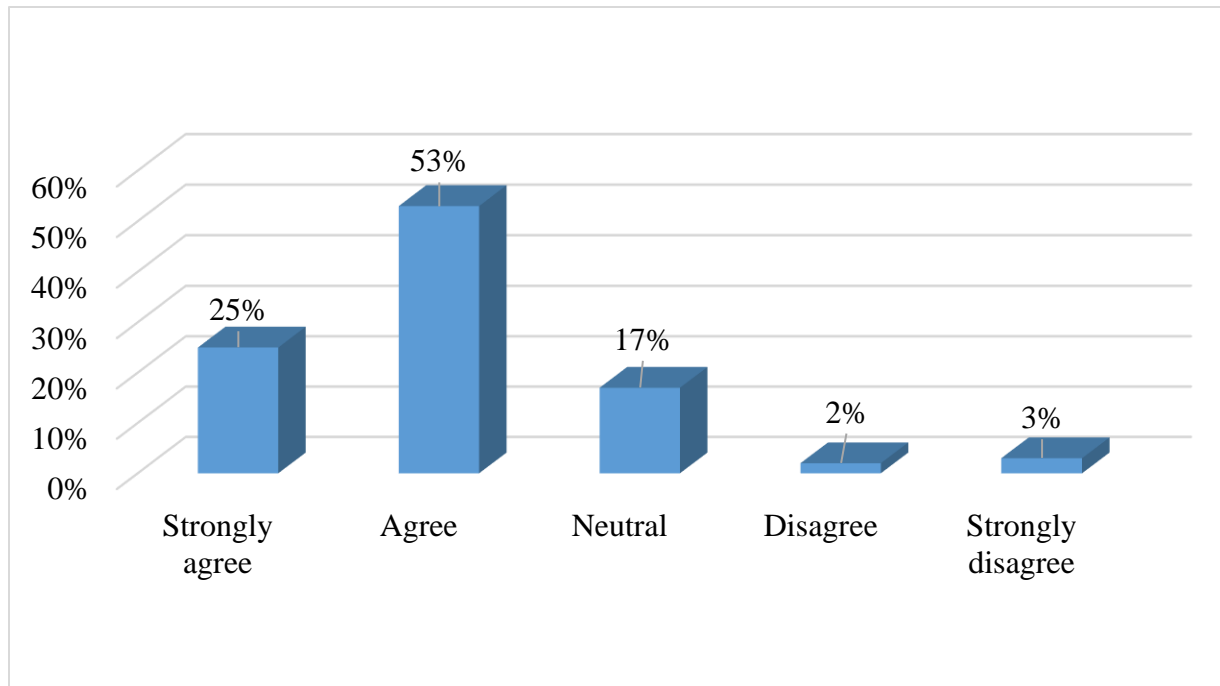


Figure 4. 16: Individual Safety Contribution

The finding of the study show that the organization recognizes the individual contribution towards safety. This is a manifestation that the organization takes seriously the culture of safety.

4.5.4 Work instructions and procedures

The respondents were asked if work instructions and procedures are followed to the letter. A majority of the respondents indicated that they strongly agreed (54%), agreed (27%), disagreed (10%), neutral (5%) and strongly disagreed (4%). Findings are shown on figure 4.17.

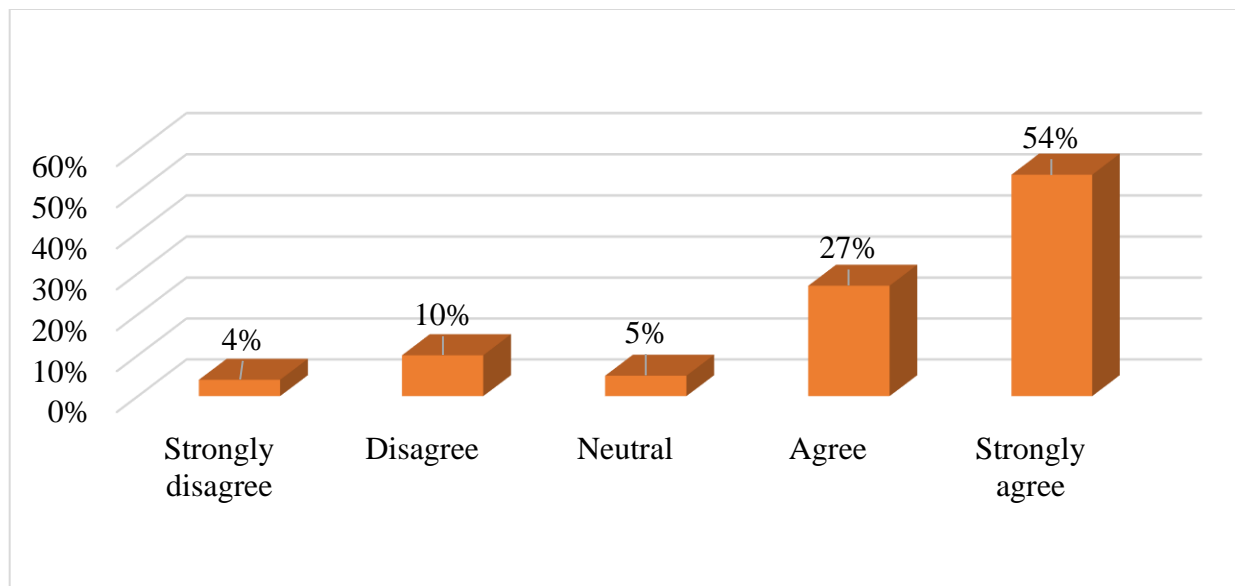


Figure 4. 17: Work Instructions and Procedures

The finding show that agreed that they are keen on following work instructions and procedures. This goes to reflect the good culture of safety that is embraced in the work procedures.

4.5.5 Management concern over subordinates safety

The respondents were asked if the management cares about the safety and wellbeing of their subordinates. The majority of the respondents agreed (60%), strongly agreed (20%), was neutral (10%), disagreed (5%) and strongly disagreed (5%). The findings are shown in figure 4.18.

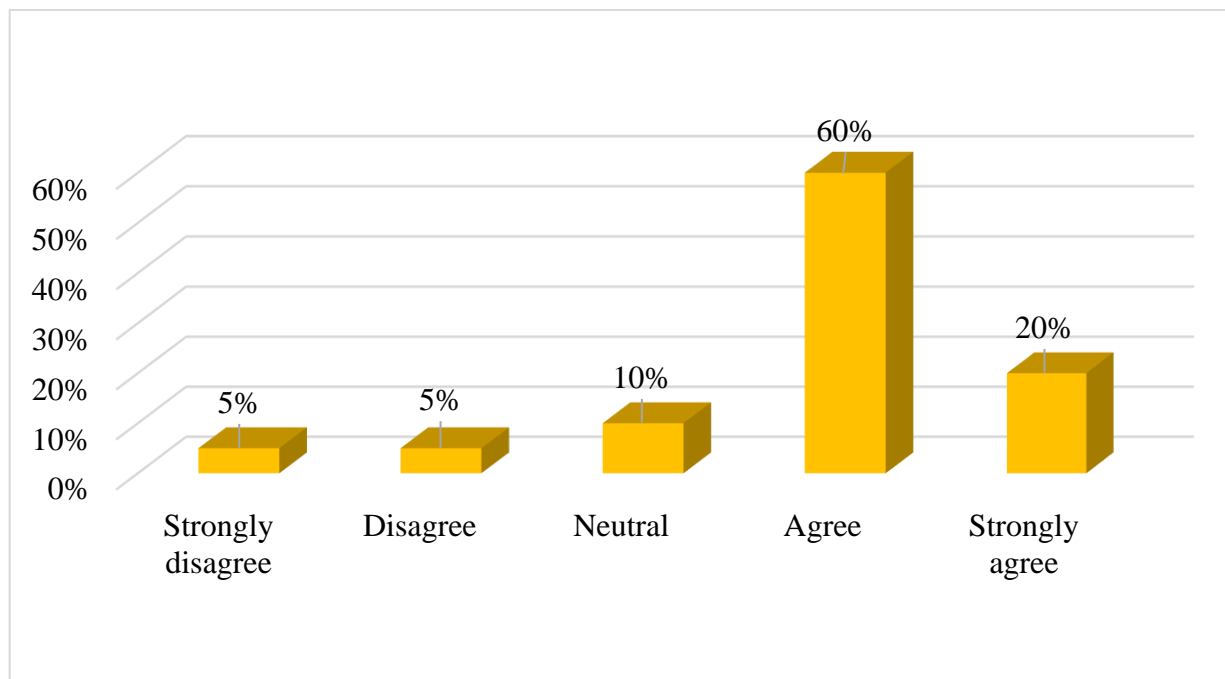


Figure 4. 18: Management Concern over Subordinates Safety

The findings show a culture where the management is concern over the safety of its subordinates. The findings are supported by the respondents who agreed to the questioned posed.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter provides an objective by objective discussion of the major findings. Later conclusions and recommendations of the study are also provided.

5.1 Summary of the Findings

5.1.1 Social Demographic Characteristics

The study had a response rate of 89%. The study captured more males (70%) than females. The respondents were fairly youthful falling below 25 years of age. The employees had a work experience of between 5-10 years. Their staff were mostly certificate holders (47%). The study captured views from employees in all the department within G4S Kenya Limited.

5.1.2 Policy on adaptation of health and safety practices

The findings of the study show that there is a policy (75%) on occupational health and safety. Despite its availability, the policy is not well communicated (54%) to the employees. The policy is relevant (53%) on safety and health issues though it is somewhat implemented (54%) within the organization.

5.1.3 Leadership commitment on adaptation of occupational safety and health

The study findings show that the management closely supervises employees work (78%). There exists a channel that can be used to report safety issues (45%). The management was also found to be adhering to safety standards when discharging their duties (67%). It was also found that to a great extent, G4S had put mitigation measures (54%).

5.1.4 Training on adaptation on occupational health and safety

The study found that most employees (60%) had attended training on occupational health and safety. The training received was a comprehensive training regarding workplace health and safety issues (54%). The study found that there was no committee responsible for safety and health training (52%). The employees were not adequately trained to respond to emergency situations at the work place (56%). The respondents agreed (49%) that the management encourages the employee to attend safety training programs.

5.1.5 Culture of adaptation of occupational health and safety practices

The study found that the organization spends sufficient time and effort on safety (54%). The organization also recognized individual contribution towards safety (53%). They followed work instructions and procedures to the letter (54%). The study also found that the management was concern about the safety and wellbeing of their subordinates.

5.2 Conclusions

The study conclude that G4S has a policy on occupational health and safety that is relevant safety and health issues. The policy is not well communicated to the employees as it should, but it is slightly implemented by the organization.

The study concludes that leadership has played a role in employees adopting occupational health and safety practices. This is because the management closely supervises their work, and that there are channels available for responding to safety issues. The management has shown some leadership qualities by adhering to safety standards and also putting into place mitigation measures concerning workplace safety and health.

The study also concludes that the employees had been trained on occupational health and safety. The training is comprehensive but still the employees find the training inadequate for them to respond to emergencies at the work place.

Finally, the study concluded that the management and employees have a good culture of ensuring safety and wellbeing at the workplace. Their attitude towards occupational health and safety was good therefore enhanced their commitment towards a culture of high OHS practices.

5.3 Recommendations

5.3.1 Policy Implementation

The study recommends that the organizations policy on occupational health and safety be continuously revised to reflect current practices and standards. Occupational health and safety is a dynamic field that continuously changes as organization face risks every day. The organization needs to look at individual employees work and work conditions and identify safety risk factors then revise the occupational health and safety policy to reflect and factor them in.

The policy should be well communicated and popularized among all the employees and its implementation be actualized. It is by communicating the policy to all employees that they

become aware of it and its content and hence can be guided by it. Through awareness, the employees are able to implement its content.

5.3.2 Leadership Commitment

The leadership of G4S needs to collaborate with staff and identify areas of risk within their work environment and work towards putting mitigation measures in place that will reduce accidents and injuries. Occupational health and safety is not an individual's responsibility. It has to be a joint and coordinated responsibility discharged by all in the organization for it to be effective.

5.3.3 Training

The organization needs to prioritize training on occupational health and safety and in the process ensure that all its employees attend and receive relevant training on this. Occupational health and safety should not be secondary to the organizations performance or productivity. The safety and wellbeing of the employees should be primary as the organization seeks to achieve results.

5.3.4 Culture

The management and employees of G4S need to work closely with each other to build a positive culture towards occupational health and safety practices. New employees should be indoctrinated into a culture of safety and wellbeing for themselves and others who work with them. Those employees already in the organization should be influenced to adopt a culture that ensures safety and wellbeing in the work place to ensure a safe working environment.

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APPENDIX I: QUESTIONNAIRE FOR G4S STAFF

Dear Respondent,

I am a Bachelors student in the Department of business management and leadership at the Management University of Africa. I am currently conducting a research on *factors influencing the adoption of occupational health and safety practices in Kenya (A case study of G4S Kenya Limited)*.

I am hereby requesting for your assistance in completing the attached questionnaire, which will provide necessary information required for this study. The information will be treated with confidentiality and it will be beneficial to the researcher as well as the university under study.

Your cooperation will be highly appreciated. Thanking you in advance.

For further information you may contact me at:

Thiongó Wambui Faith

Tel: 0721715995

Email: faith_thiongo@yahoo.com

SECTION A: BIO DATA (tick as applicable)

1. Gender: Male ☐ Female ☐

2. What is your age bracket

- i. Below 25 ☐
- ii. 26-35 ☐
- iii. 36-45 ☐
- iv. Over ☐

3. How long have you been working for G4S Kenya Limited?

- i. Less than 1 year ☐
- ii. 1-2 years ☐
- iii. 2-5 years ☐
- iv. 5-10 years ☐
- v. More than 10 years ☐

4. What is your highest academic qualification?

- i. Certificate ☐
- ii. Diploma ☐
- iii. Bachelors ☐
- iv. Post Graduate ☐
- v. Others (Specify)

.....
.....
.....

5. In which section/department of the G4S do you work?

.....
.....
.....

SECTION A: POLICY ON OCCUPATIONAL HEALTH AND SAFETY

6. Does G4S have a policy on occupational health and safety?

Yes ☐ No ☐

7. Is the policy on occupational health and safety effectively communicated to employees?

To a Great Extent ☐ Somewhat ☐ Very Little ☐ Not at All ☐

8. Does the policy address relevant safety and health issues at G4S?

Yes ☐ Maybe ☐ No ☐

9. Is the policy on occupational health and safety being implemented in your organization?

To a Great Extent ☐ Somewhat ☐ Very Little ☐ Not at All ☐

SECTION B: LEADERSHIP ON OCCUPATIONAL HEALTH AND SAFETY

10. Does the management closely supervise your work?

Yes ☐ No ☐

11. Are there proper channels for reporting safety concerns in the organization?

Strongly Disagree ☐ Disagree ☐ Not sure ☐

Agree ☐ Strongly Agree ☐

12. Are the managers adhering to safety standards when discharging their duties?

Yes ☐ Maybe ☐ No ☐

13. Has the management put mitigation measures against accidents and injuries in the organization?

To a Great Extent ☐ Somewhat ☐ Very Little ☐ Not at All ☐

SECTION C: TRAINING ON OCCUPATIONAL HEALTH AND SAFETY

14. Have you attended any training on occupational health and safety?

Yes ☐ No ☐

15. To what extent do you agree with the following statements?

	Strongly Disagree 1	Disagree 2	Not sure 3	Agree 4	Strongly Agree 5
Employees receive comprehensive training regarding work place health and safety issues					
There is a committee responsible for safety and health training					
I am not adequately trained to respond to emergency situations in my work place					
Management encourages the employees to attend safety training programs					

SECTION D: CULTURE ON OCCUPATIONAL HEALTH AND SAFETY

16. Sufficient time and effort is committed to safety in the organization.

Strongly disagree [] Disagree [] Neutral [] Agree []
Strongly agree []

17. The organization is known for recognizing individual contribution towards safety

Strongly disagree [] Disagree [] Neutral [] Agree []
Strongly agree []

18. Work instructions and procedures are followed to the letter

Strongly disagree [] Disagree [] Neutral [] Agree []
Strongly agree []

19. Management cares about the safety and wellbeing of their subordinates

Strongly disagree [] Disagree [] Neutral [] Agree []
Strongly agree []